

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

·	0000 rent Period)	,	0000 (Prior Period)	NAIC Compa	any Code	95453	Employer's ID Number _	38-2396958		
Organized under the Laws of	,		Michigan		. State	of Domicile	e or Port of Entry	Michigan		
Country of Domicile						States				
Licensed as business type:	life Δc	cident 8	& Health []	Property/	Casualty []		Hospital, Medical & Dental Se	vice or Indemnity []		
31	-		Corporation []		ervice Corporation [] Health Maintenance Organization [X]					
	Other [Corporation []		•		es[] No[X]	ion [X]		
Incorporated/Organized			12/03/1981		Commence	d Business	02/05/19	82		
Statutory Home Office			2680 Leonard N			,	Grand Rapids, MI, US			
(Street and Number)							(City or Town, State, Country and	d Zip Code)		
Main Administrative Office						eonard NE reet and Numb				
	MI, US					616-949-2410				
, ,	•	d Zip Code)				(Area Code) (Telephone Number)				
Mail Address			onard NE Suite 2 d Number or P.O. Box)				Grand Rapids, MI, US 4952 (City or Town, State, Country and Zip Country and Zi			
Primary Location of Books a	ind Reco	rds				2680 Lec	onard NE Suite 2			
Grand	Overal Davids All 110 40505						et and Number) 616-949-2410-1032			
	Grand Rapids, MI, US 49525 , (City or Town, State, Country and Zip Code)						ea Code) (Telephone Number) (Extension)		
Internet Web Site Address				gv	hp.com					
Statutory Statement Contact							616-949-2410-1032			
\$	(Name) silvap@gvhp.com					(Area Code) (Telephone Number) (Extension) 616-949-4978				
	(E-Mail A	ddress)					(Fax Number)			
				OFFI	CERS					
Name			Title	U		Name	e	Title		
Pamela L Silva		,	President/Cl			Kathy Ler	ntz #	Secretary		
Janet Lederman	:		Director of Manag	OTHER (DEFICE	RS.				
		,								
			DIRE	CTORS (OR TRU	STEES				
Pamela L Silva			Kathy Lent	Z		Matthew B	outell			
State of	Michigar	1	ss							
County of	Kent									
above, all of the herein describe that this statement, together will liabilities and of the condition and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective	ed assets the related affairs of cordance was or regulately. Further copy (exception)	were the exhibits of the sa with the lations recommended to the exhibits at th	a absolute property of schedules and exp id reporting entity as NAIC Annual Stateme equire differences in it the scope of this atte formatting differences	f the said report lanations therein of the reporting ent Instructions a reporting not rel station by the di	ing entity, free n contained, a period stated and Accounting ated to accourescribed office	and clear from nnexed or real above, and or garactices and interesting practice are also included.	said reporting entity, and that on the many liens or claims thereon, exciperred to, is a full and true statem of its income and deductions therefrom the procedures manual except to the sand procedures, according to the des the related corresponding electratement. The electronic filing may	ept as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC,		
regulators in lieu of or in addition		ologen S	latoment.							
Pamela L President				Kathy Lentz Secretary				erman naged Care		
Subscribed and sworn to b	efore me	this				b. If 1. 2.	this an original filing? no: State the amendment number Date filed Number of pages attached	Yes [X] No []		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
		·····			·····	
		†				<u> </u>
						<u> </u>
		1			<u> </u>	†
	1	†			<u> </u>	1
	VOV					
		ļ	+			
0299997 Group subscriber subtotal	ļ0	0	0	0	0	J
0299998 Premiums due and unpaid not individually listed	ļ	ł		ļ	ļ	ł
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities	†n	ļ	J	J	ļ0	ļ
U39999 Premiums due and unpaid from Medicare entities	ł	1	-		1	ł
U49999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	1 0	1 0	<u>U</u>	1 0	1 0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Other Receivables						
Healthworks and Flu shots	5,810			360	360	6,536 6,536
0699999 - Other Receivables	5,810	0	726	360	360	6,536
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270000 Carry Harlib Carp Darginship	5,810		700	200	000	6,536
0799999 Gross Health Care Receivables	5,810	1 0	726	360	360	6,536

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year	Health Care Receivables Accrued as of December 31 of Current Year 3 4		5 Health Care	6 Estimated Health Care Receivables
Type of Health Care Receivables	On Amounts Accrued Prior to January 1 of Current Year	On Claims Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year	Receivables in	Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables					0	
Claim overpayment receivables					0	
Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	23,029	42,171		6,771	23,029	23,029
7. Totals (Lines 1 through 6)	23,029	42,171	0	6,771	23,029	23,029

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpa	id Claims			_	-
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)				,	,	
				<u> </u>		
0199999 Individually listed claims unpaid		.0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	1	1				0
0499999 Subtotals	0	0	1 0	0	0	07.004
0599999 Unreported claims and other claim reserves						27 , 221
0699999 Total amounts withheld						07 004
0799999 Total claims unpaid						27,221
0899999 Accrued medical incentive pool and bonus amounts						1 0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	1 4	5	6	Admi	itted
·	_					7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Grand Valley Surgical Center	5,466				0	5,466	0
Grand Valley Surgical Center	42,162				0	42,162	0
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0199999 Individually listed receivables	47 ,628	0	J	0	J	47 ,628	
0299999 Receivables not individually listed	47,000					47,000	
0399999 Total gross amounts receivable	47,628	0	0	0	0	47,628	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	1	5
Affiliate	Description	Amount	Current	Non-Current
Grand Valley Health Corporation.	Везоприот	129,478	49,478	80,000
orand variey nearth corporation.		129,470	43,470	00,000
MACCOO Individually listed appropria		129,478	40 470	80,000
0199999 Individually listed payables		5,830	49 , 478 5 , 830	00,000
UZ9999 Payables not individually listed		3,830	5,830	00.000
0399999 Total gross payables		135,308	55,308	80,000

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups				0.0		
Intermediaries		0.0		0.0		
3. All other providers		0.7	<u> </u> 828	0.0		19,696
Total capitation payments		0.7	828	0.0	0	19,696
Other Payments:						
5. Fee-for-service		1.7	xxx	XXX	50 , 457	<u> </u>
Contractual fee payments	2,077,097		Lxxx	XXX	2,077,097	
7. Bonus/withhold arrangements - fee-for-service		0.0	Lxxx	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	Lxxx	XXX]
9. Non-contingent salaries		29.1	lxxx	XXX	881,821	[
10. Aggregate cost arrangements	L0 l	0.0	L XXX	XXX		
11. All other payments	L0	0.0	l xxx	XXX		
12. Total other payments	3,009,375	99.3	XXX	XXX	3,009,375	0
13. Total (Line 4 plus Line 12)	3,029,071	100 %	XXX	XXX	3,009,375	19,696

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS		INIEDIANIE	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
		-	·····		
		-			
					
		-			
					
			 		ļ
		.			
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	86,644		86,644	0	0	0
Medical furniture, equipment and fixtures	205,221		205,221	0		0
Pharmaceuticals and surgical supplies	19,831			19,831		19,831
Durable medical equipment						
Other property and equipment	4,137		4,137	0		0
6. Total	315,833	0	296,002	19,831	0	19,831



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 0000 BUSINESS IN THE STATE OF	- Mishigan			DURING THE YEAR 2	017			(LOCATION)	AIC Company Code	95453
AIC Group Code 0000 BUSINESS IN THE STATE OF	- Michigan	Compreh	nensive	DURING THE YEAR 2	.017			INF	AIC Company Code	
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,651	8	1,889				754			
2 First Quarter	500	0	500				0			
3 Second Quarter	51	0	51				0			
4. Third Quarter	0		0				0			
5. Current Year	0		0				0			
6 Current Year Member Months	2,476		2,476							
Total Member Ambulatory Encounters for Year:										
7. Physician	150		147				3			
8. Non-Physician	11		11				0			
9. Total	161	0	158	0	0	0	3	0	0	
10. Hospital Patient Days Incurred	66		66							
11. Number of Inpatient Admissions	14		14							
12. Health Premiums Written (b)	1,182,105		1 , 182 , 105							
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	1,182,105		1 , 182 , 105							
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,029,071		2,302,403				726,668			
18. Amount Incurred for Provision of Health Care Services	1,620,135		1,012,142				607,993			

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products $^{ m 0}$

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		95453	
NAIC Group Code 0000 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR	2017		Г	NA.	NAIC Company Code		
	1	Compre (Hospital & 2	hensive & Medical) 3	4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	2,651	8	1,889	0	0	0	754	0	0		
2 First Quarter		0	500	0	0	0	0	0	0		
3 Second Quarter	51	0	51	0	0	0	0	0	0		
4. Third Quarter		0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0		
6 Current Year Member Months	2,476	0	2,476	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:											
7. Physician	150	0	147	0	0	0	3	0	0		
8. Non-Physician	11	0	11	0	0	0	0	0	0		
9. Total	161	0	158	0	0	0	3	0	0		
10. Hospital Patient Days Incurred	66	0	66	0	0	0	0	0	0		
11. Number of Inpatient Admissions	14	0	14	0	0	0	0	0	0		
12. Health Premiums Written (b)	1, 182, 105	0	1 , 182 , 105	0	0	0	0	0	0		
13. Life Premiums Direct		0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,182,105	0	1 , 182 , 105	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	3,029,071	0	2,302,403	0	0	0	726,668	0	0		
18. Amount Incurred for Provision of Health Care Services	1,620,135	0	1,012,142	0	0	0	607,993	0	0		

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

S.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
					6	7							
1 1	2	3	4	5			8	9	10	Outstanding :	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			s - U.S. Non-Affiliates	0411041041011	00000	00000		(Louinatou)		ourront rour	1	1 1.000.10	0.140. 00.1104.41100
11835	04-1590940	07/01/2016	PARTNERRE AMER INS CO.	DE	SSL/1/L	CMM	9,806						
			on-Affiliates - U.S. Non-Affiliates				9,806	Λ	0	Λ	0	0	0
			on-Affiliates - Total Authorized Non-Affiliates				9,806	0	0	0	0	0	0
			otal General Account Authorized				9,806	0	0	0	0	0	0
			Account Authorized, Unauthorized and Certified				9,806	0	0	0	0	0	0
6000000	Total II 9 (Sum	of 0300000 0800	999, 1499999, 1999999, 2599999, 3099999, 3799999,	4200000 4800000	5300000 5000000 and	6400000)	9.806	0	0	0	0	· ·	0
0333333 -	TOTAL U.S. (Suill	01 0000000, 0000	555, 1455555, 1555555, 2555555, 5055555, 5155555, 	, 4233333, 4033333,	JJJJJJJ, JJJJJJJ anu	0433333)	9,000	U	0	U	U	U	U
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9999999	Totals						9,806	0	0	0	0	0	0

Schedule S - Part 4

Schedule S - Part 5

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

		(\$000	Omitted)	3	4	5
		2017	2016	2015	2014	2013
A. OPERATIONS ITEMS	3					
1. Premiums		10	252	242	265	276
2. Title XVIII-Medicare		0	0	0	0	0
3. Title XIX-Medicaid		0	0	0	0	0
4. Commissions and re	einsurance expense allowance		0	336	282	297
5. Total hospital and m	nedical expenses	1,014	11,537	16,435	15,481	15,366
B. BALANCE SHEET IT	EMS					
Premiums receivable	e	0	0	0	0	0
7. Claims payable		0	0	0	0	0
8. Reinsurance recove	erable on paid losses	0	0	336	18	0
9. Experience rating re	efunds due or unpaid		0	0	0	0
10. Commissions and re	einsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsu	ırance offset	0	0	0	0	0
12. Offset for reinsurance	ce with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED RE FUNDS WITHHELD I	INSURANCE (DEPOSITS BY AND FROM)					
13. Funds deposited by	and withheld from (F)	0	0	0	0	0
14. Letters of credit (L).		0	0	0	0	0
15. Trust agreements (7	Г)	0	0	0	0	0
16. Other (O)		0	0	0	0	0
	H CERTIFIED REINSURERS FUNDS WITHHELD FROM)					
17. Multiple Beneficiary	Trust	0	0	0	0	0
18. Funds deposited by	and withheld from (F)	0	0	0	0	0
19. Letters of credit	(L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)		0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	281,697		281,697
2.	Accident and health premiums due and unpaid (Line 15)	0		0
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	75,134		75,134
6.	Total assets (Line 28)	356,831	0	356,831
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	27 ,221	0	27 ,221
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.				0
13.				0
14.				317,087
15.	Total liabilities (Line 24)	344,308	0	344,308
16.			XXX	12,523
17.	Total liabilities, capital and surplus (Line 34)	356,831	0	356,831
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only					
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals			
1. Alabama										
2. Alaska	AK									
3. Arizona	AZ									
4. Arkansas	AR						-			
5. California							-			
6. Colorado	CO						-			
7. Connecticut							-			
8. Delaware							-			
9. District of Columbia	DC						-			
10. Florida							-			
11. Georgia	GA						-			
12. Hawaii							-			
13. Idaho										
14. Illinois	IL					·	·			
15. Indiana	JN		·			ļ	-			
16. lowa	JA		-			-	-			
17. Kansas			-				-			
18. Kentucky										
19. Louisiana	LA									
20. Maine						ļ	-			
21. Maryland										
22. Massachusetts										
23. Michigan										
24. Minnesota	MN									
25. Mississippi										
26. Missouri	MO						.			
27. Montana	MT									
28. Nebraska	NE									
29. Nevada	NV									
30. New Hampshire										
31. New Jersey	NJ									
32. New Mexico	NM									
33. New York	NY									
34. North Carolina	NC									
35. North Dakota	ND									
36. Ohio	OH									
37. Oklahoma	OK									
38. Oregon	OR									
39. Pennsylvania	PA									
40. Rhode Island	RI									
41. South Carolina	sc									
42. South Dakota	SD									
43. Tennessee	TN									
44. Texas	TX									
45. Utah	T									
46. Vermont	VT									
47. Virginia	VA									
48. Washington										
49. West Virginia										
50. Wisconsin										
51. Wyoming										
52. American Samoa										
53. Guam										
54. Puerto Rico										
55. US Virgin Islands										
56. Northern Mariana Islands										
57. Canada										
58. Aggregate Other Alien										
oo. Ayyroyato Othor Allen		0	1		0	0	·			

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

			1		1			1	1		1				
1 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control			1 1	
						Securities					(Ownership,			1 1	
						Exchange if			Relationship)	Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries		Reporting		Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
													Grand Valley	1 1	
													Health Corporation	1 1	
										Grand Valley Health			ESOP/Rosalynn E.	1 1	
		00000	38-3265342				Grand Valley Health Corporation.	MI	UDP	Corporation ESOP	Ownership	9.8	ESOP/Rosalynn E. Bender	.]N	0
i i							, ,	İ		· ·	İ '	İ	Grand Vallev	1 1	
													Health Corporation	1 1	
													ESOP/Rosalynn E.	1 1	
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		00000	30-3241343				. 1116	IVI I		. 601 601 611 1011	. Owner sirry	100.0	Grand Valley	١٠ -	
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		00000	00 0440505				Grand Valley Health Surgical			Grand Valley Health		54.0	ESOP/Rosalynn E. Bender	1	
		00000	38-3440505				Center, LLC	MI	NIA	Management	. Ownership	54.0	Bender	. N .	
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l		00000	38-2396958				Grand Valley Health Plan, Inc	MI	RE	Corporation	Ownership	100.0	Bender	.]N	0
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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6 Purchases, Sales or		8	9	10	11	12	13 Reinsurance
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	. 38-3265342	Grand Valley Health Corporation. Grand Valley Health Management Grand Valley Health Plan. Grand Valley Technical Services. Grand Valley Surgical Center.					515,496				515 496	
	38 - 3247943 38 - 2396958 38 - 3668000 38 - 3440505	Grand Valley Health Management					(181,901) (285,595)		ļ		(181,901) (285,595)	
95453	38-2396958	Grand Valley Health Plan					(285,595)		ļ		(285,595)	i
	38-3668000	Grand Valley Surgical Contar					(40,000)		ļ		0	l
	. 00-0440000	Toranu varrey Surgical Genter			·····		(48,000)		ļ		(48,000)	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

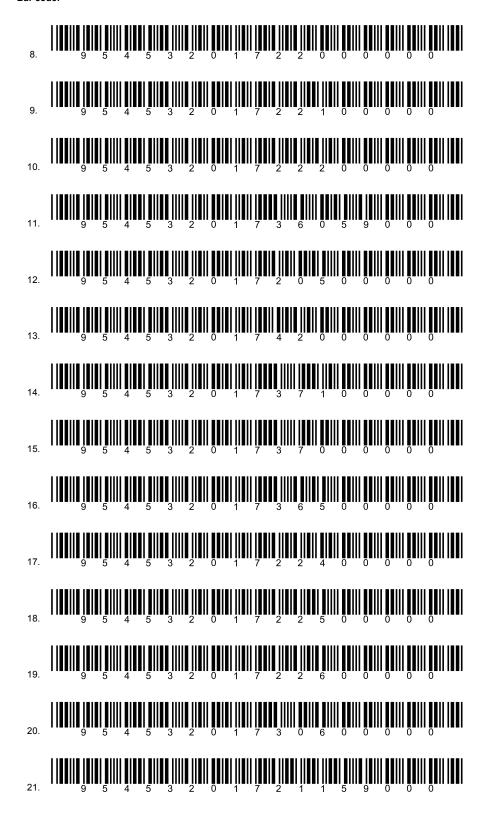
	MARCH FILING	Responses
1.		YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	WAIVED
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following ons.	de will be printed below. If
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.	•	N0
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
	AUGUST FILING	
24.		SEE EXPLANATION
Explar	nation:	
11.		
12.		
13.		
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21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 22. Waived per State
- 23. Waived per State
- 24. Waived per State

Bar code:



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